Application Data Sh et

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF::

Title:: METHOD FOR OPERATING

FLUORESCENT LAMPS AND BALLAST

Attorney Docket Number:: 02P14252

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: MARKUS

Middle Name::

Family Name:: ZIEGLER

City of Residence:: TRAUNWALCHEN

State or Province of

Residence::

Country of Residence:: GERMANY

Street of Mailing KREISSTR. 11

Address::

City of Mailing Address:: TRAUNWALCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 83374

Correspondence Information

Correspondence Customer 24,252

Number::

Name:: OSRAM SYLVANIA

Street of Mailing Address:: 100 Endicott Street

City of Mailing Address:: Danvers

State or Province of Mailing Massachusetts

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing 01923

Address:::

Phone Number:: 978-777-1900

Fax Number::

E-Mail Address::

Representative Information

Representative Customer	24,252
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
<u>.</u>	Type::	Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
GERMANY	102 40 807.6	8/30/02	Yes

Assignment Information

Assignee Name::

PATENT-TREUHAND-GESELLSCHAFT

FÜR ELEKTRISCH GLÜHLAMPEN MBH

Street of Mailing Hellabrunner Str. 1

Address::

City of Mailing Address::

MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 81543